	NDIDATE / OFFICEHOLI INANCE REPORT	DER 6338	FORM JC/OH COVER SHEET PG 1				
The JC/OH INSTRUCTION GO	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00026774	2 PAGE # 1 of 4				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR F:RST Hon. Suzanne	MI	OFFICE USE ONLY				
NAME	NICKNAME LAST Covington	SUFFIX	Date Received 7006 JUL				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS/POBOX; APT/SUITE #: C P.O. Box 1748 Austin, TX 78767	CITY: STATE: ZIP CODE	07 7				
Change of Address			Receipt # O Amount				
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Ms. Karen	MI	Date Processed				
NAME	NICKNAME LAST Bartoletti	ŞUFFIX	Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI 401 Congress Avenue, Suite 2200 Austin, TX 78701	TE E, CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 480-5612	EXTENSION					
8 REPORT TYPE	January 15 30th day before elec	tion Renoff	15th day after campaign treasurer appointment (officeholder only)				
	X July 15 8th day before election	on Exceeded \$500 limit	Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THRO	Month Day DUGH	Yeer				
	01/01/2006	06/30/20	06 				
10 ELECTION	ELECTION DATE Monip Day Year Primar		General Special				
11 OFFICE	OFFICE HELD (if any) District Judge District 201	12 OFFICE SOUGHT (if known) District Judge District	et 201				
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.						
BY OTHER INDIVIDUALS	Name						
additional pages	Address/PO Box; Apt. / Suite #. City. State;	Zp Ccoe					
	GO TO	PAGE 2					

JUDICIAL CA SUPPORT &		/ OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2			
14 C/OH NAME Covin	ngton, Suzanne (Ho	on.)	15 ACCOUNT # (Etrics Commission filers) 00026774			
16 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the ca hout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0					
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 85.00			
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 3,135.00			
CONTRIBUTION BALANCE	5. TOTAL F LAST DA	\$ 41,712.06				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ 0.00				
18 AFFIDAVIT						
		·	y of perjury, that the accompanying report sall information required to be reported by			
Note:	GRACE MCGEE tary Public, State of Texa Ay Commission Expires					
	JULY 14, 2008	Signature of C	Candidate or Officeh older			
AFFIX NOTARY S	STAMP / SEAL ABOV	/E	<i>,</i> , , , , , , , , , , , , , , , , , ,			
V W.		the said Suzanne Covington artify which, witness my hand and seal of office.	, this theday			
Signature of officer admin	inistering oath	Grace McGee Print name of officer administering oath	Notary Public Title of officer administering oath			

POLITI	CAL EXPENDIT	URES						SCHEDULE F
The Instruction		1 PAGE # Schedule: 1/2 Report: 3/4			port: 3/4			
2 FILER NAME Covington, Suzanne (Hon.)						OUNT #	(Ethic	es Commission filers)
4 Date 5 Payee name Texas Board of Legal Specialization				1			7	Amount (\$)
04/06/2006 6 Payee address; City; State; Zip Code P.O. Box 149187 Austin, TX 78714-9187						\$100.00		
				Orr Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:				
Payment fo	Office sought: Office held:							
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	lional	page	s if nece	essary)	
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival da			14 Arrival date		
15 Means of transportation			16 Purpose of travel					
4 Date	5 Payee name Travis County Democra	tic Party	<u> </u>		•		7	Amount (\$)
01/18/2006						\$200.00		
	rment ns regarding type of information ckoff/Sponsorship	required.)	9 ** Complete if direct Candidate / Officeho				enefit Ca	andidate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional	page	s if nec	essary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	locati	ion			14 Arrival date
15 Means of transportation			16 Purpose of travel					
			·		-		_	

exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)46	3-5800	1-800-325-850		
POLITI	CAL EXPENDIT	URES			S	CHEDULE F	
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE# Scheduie: 2/2	Repor	t: 4/4	
2 FILER NAME Covington, Suzanne (Hon.)				3 ACCOUNT # 00026774	ommission filers)		
4 Date	Date 5 Payee name Travis County Democratic Party				7 Amount (\$)		
06/15/2006	6 Payee address; C 1311 East 6th Street Austin, TX 78702	City; State; Zip Code				\$2,500.00	
Purpose of payment (See instructions regarding type of information required.) Contribution/Pro Rate Share			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
			Office sought:				
Payment for travel outside Texas (complete boxes 10-16)			Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival			14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Travis County Women I	awyers Foundation	<u> </u>		7	Amount (\$)	
05/03/2006	6 Payee address; C P.O. Box 1386 Austin, TX 78767	City; State; Zip Code				\$250.00	
8 Purpose of pay (See instruction Contribution	/ment ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officehol		efit Candi	idate/Officeholder	
			Office sought:				
Payment for travel outside Texas (complete boxes 10-16)			Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)	<u> </u>	
11 Departure city / location 12 Departure date			13 Destination city / location			14 Arrival date	
15 Means of trans	portation		16 Purpose of travel			<u> </u>	